County: Milwaukee FRANCISCAN VILLA OF SOUTH MILWAUKEE

3601 SOUTH CHICAGO AVENUE

SOUTH MI LWAUKEE 53172 Phone: (414) 764-4100)	Ownershi p:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/01):	150	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	150	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	149	Average Daily Census:	147

Services Provided to Non-Residents	1	Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%		
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	% 	Less Than 1 Year 1 - 4 Years	33. 6 52. 3		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0. 7	More Than 4 Years	14. 1		
Day Services	No	Mental Illness (Org./Psy)	6. 7	65 - 74	6. 7				
Respite Care	No	Mental Illness (Other)	4. 0	75 - 84	34. 2		100. 0		
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	49. 7	********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1. 3	95 & 0ver	8. 7	Full-Time Equivalent			
Congregate Meals	No	Cancer	2. 7	ĺ	[Nursing Staff per 100 Res	i dents		
Home Delivered Meals	No	Fractures	1. 3	İ	100.0	(12/31/01)			
Other Meals	Yes	Cardi ovascul ar	16. 8	65 & 0ver	99. 3				
Transportation	No	Cerebrovascul ar	4. 0			RNs	10. 4		
Referral Service	No	Di abetes	2. 7	Sex	%	LPNs	8. 9		
Other Services	Yes	Respi ratory	6. 7		Ì	Nursi ng Assi stants,			
Provide Day Programming for		Other Medical Conditions	53. 7	Male	14. 1	Aides, & Orderlies	33. 7		
Mentally Ill	No			Female	85. 9				
Provi de Day Programming for	ĺ		100. 0						
Developmentally Disabled	No				100.0				

Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	;]	Family Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	1	7. 7	332	4	3. 5	132	0	0. 0	0	2	9. 5	188	0	0. 0	0	0	0. 0	0	7	4. 7
Skilled Care	12	92. 3	332	99	86.8	113	0	0.0	0	19	90. 5	178	1	100. 0	113	0	0.0	0	131	87. 9
Intermedi ate				11	9. 6	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	7.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	13	100.0		114	100. 0		0	0.0		21	100.0		1	100. 0		0	0.0		149	100.0

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Admissions, Discharges, and		Percent Distribution	$of \ Residents'$	Condi ti o	ns, Servi ce	s, and Activities as of 12/3	31/01
Deaths During Reporting Period					Total		
Percent Admissions from:		Activities of	%		Needing stance of	% Totally	Number of
Private Home/No Home Health	2. 5	Daily Living (ADL)	Independent	One 0	r Two Staff	Dependent R	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 7		48. 3	51. 0	149
Other Nursing Homes	13. 6	Dressing	15. 4		50. 3	34. 2	149
Acute Care Hospitals	78. 8	Transferring	26. 8		42. 3	30. 9	149
Psych. HospMR/DD Facilities	0.0	Toilet Use	23. 5		28. 9	47. 7	149
Rehabilitation Hospitals	0.0	Eating	57. 7		23. 5	18. 8	149
Other Locations	5. 1	*************	******	******	******	**********	******
Total Number of Admissions	118	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa	al Catheter	6. 7	Recei vi ng	Respiratory Care	7.4
Private Home/No Home Health	21. 7	0cc/Freq. Incontinent	t of Bladder	59. 1	Recei vi ng	Tracheostomy Care	0.0
Private Home/With Home Health	0.0	0cc/Freq. Incontinent	t of Bowel	52 . 3	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	9. 6					Ostomy Care	6. 7
Acute Care Hospitals	3. 5	Mobility				Tube Feeding	5. 4
Psych. HospMR/DD Facilities	0. 0	Physically Restrained	i	0. 0	Recei vi ng	Mechanically Altered Diets	47. 7
Rehabilitation Hospitals	0. 0]					
Other Locations	0.0	Skin Care				ent Characteristics	
Deaths	65 . 2	With Pressure Sores		5. 4		nce Directives	91. 3
Total Number of Discharges		With Rashes		9. 4	Medi cati ons		
(Including Deaths)	115				Recei vi ng	Psychoactive Drugs	57. 7

***************	******	*****	******	*****	*****	*****	*****	*****	*****
	This Facility	Ownershi p: Nonprofi t Peer Group		Bed Size: 100-199 Peer Group		Ski	ensure: lled Group	Al l Faci l	l lities
	%	%	% Ratio		Rati o	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98. 0	88. 9	1. 10	85. 7	1. 14	82. 7	1. 18	84. 6	1. 16
Current Residents from In-County	89. 9	88. 1	1. 02	86. 1	1. 04	85. 3	1.05	77. 0	1. 17
Admissions from In-County, Still Residing	37. 3	22.9	1.63	17. 5	2. 13	21. 2	1. 76	20. 8	1. 79
Admissions/Average Daily Census	80. 3	129.6	0.62	212. 2	0. 38	148. 4	0. 54	128. 9	0. 62
Discharges/Average Daily Census	78. 2	133. 7	0. 59	210. 1	0. 37	150. 4	0. 52	130. 0	0.60
Discharges To Private Residence/Average Daily Census	17. 0	47. 6	0. 36	87. 3	0. 19	58. 0	0. 29	52. 8	0. 32
Residents Receiving Skilled Care	92. 6	90. 5	1.02	93. 8	0. 99	91. 7	1. 01	85. 3	1.09
Residents Aged 65 and Older	99. 3	97. 0	1. 02	94. 0	1.06	91. 6	1.08	87. 5	1. 14
Title 19 (Medicaid) Funded Residents	76. 5	56. 0	1. 37	60. 5	1. 26	64. 4	1. 19	68. 7	1. 11
Private Pay Funded Residents	14. 1	35. 1	0.40	26. 1	0. 54	23. 8	0. 59	22. 0	0. 64
Developmentally Disabled Residents	0. 0	0. 5	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	10. 7	30. 9	0. 35	27. 3	0.39	32. 2	0. 33	33. 8	0. 32
General Medical Service Residents	53. 7	27.3	1. 96	27. 4	1. 96	23. 2	2. 32	19. 4	2. 77
Impaired ADL (Mean)	56 . 1	50. 3	1. 12	51. 2	1. 10	51. 3	1. 09	49. 3	1. 14
Psychological Problems	57. 7	52. 4	1. 10	52. 4	1. 10	50. 5	1. 14	51. 9	1. 11
Nursing Care Required (Mean)	10. 2	7. 1	1. 45	6. 7	1. 53	7. 2	1. 42	7. 3	1.40